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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/721,131	11/22/2000	Ralph L. Bass	1136/8	2281

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EXAMINER

CHOI, FRANK I

ART UNIT	PAPER NUMBER
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1616

DATE MAILED: 06/18/2003

16

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application N .

09/721,131

Applicant(s)

BASS, RALPH L.

Examiner

Frank I Choi

Art Unit

1616

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 4/25/2003, 5/12/2003.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 22-42 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 22-42 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- 11) ☐ The proposed drawing correction filed on _____ is: a) ☐ approved b) ☐ disapproved by the Examiner.
- If approved, corrected drawings are required in reply to this Office action.
- 12) ☐ The oath or declaration is objected to by the Examiner.

Priority under 35 U.S.C. §§ 119 and 120

- 13) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. _____.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- * See the attached detailed Office action for a list of the certified copies not received.
- 14) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).
- a) ☐ The translation of the foreign language provisional application has been received.
- 15) ☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

Attachment(s)

- 1) ☐ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO-1449) Paper No(s) _____.
- 4) ☐ Interview Summary (PTO-413) Paper No(s). _____.
- 5) ☐ Notice of Informal Patent Application (PTO-152)
- 6) ☐ Other: _____.

DETAILED ACTION

A request for continued examination under 37 CFR 1.114 was filed in this application after appeal to the Board of Patent Appeals and Interferences, but prior to a decision on the appeal. Since this application is eligible for continued examination under 37 CFR 1.114 and the fee set forth in 37 CFR 1.17(e) has been timely paid, the appeal has been withdrawn pursuant to 37 CFR 1.114 and prosecution in this application has been reopened pursuant to 37 CFR 1.114. Applicant's submission filed on 4/25/2003 has been entered.

Claim Rejections - 35 USC § 101/112

35 U.S.C. 101 reads as follows:

Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 22-42 are rejected under 35 U.S.C. 101 because the claimed invention lacks credible utility.

The claimed method as is now amended is the alleviation of HIV infection by administration of sodium chloride to an HIV infected human. Despite the fact that more than a decade has past since the first cluster of cases of AIDS, neither a cure nor effective vaccine has been developed with treatment requiring compliance with multiple drug regimens (See Cecil Textbook of Medicine, Vol. 2 (21st Ed., 2000), pg. 1889). Further, it is generally accepted that the goal of anti-HIV therapy should ideally be to completely inhibit replication inhibition of replication by targeting reverse transcriptase and/or HIV protease (Id. at 1934). The

Art Unit: 1616

specification does not appear to show any working examples which show effective treatment of HIV in mammals much less humans. The examples which are provided appear to be hypothetical statements of what would occur as opposed examples of effective treatment in actual patients. Further, Applicant's argued but not disclosed mechanism by which administration of sodium chloride results in reduction HIV appears to be unsupported by evidence showing that the disclosed effective levels of NaCl would be sufficient to alleviate HIV. Applicant indicates that the administration should result in circulating levels of NaCl within the range of about 0.05 μM to about 1.0 μM and that the extra amount of NaCl will disrupt the HIV virus. In Hrinda et al. (US Pat. 5,661,023) it is disclosed that NaCl concentrations as high as 1.4 M for prolonged periods, such as greater than 18 hours, only resulted in partial disassembling of HIV particles with dilution to 0.25M being sufficient to prevent the same (Hrinda et al., Column 8, lines 51-68, Column 9, lines 1-12). Thus, it appears that the effective amount of NaCl needed to disrupt the HIV virus far exceeds what is disclosed and claimed as being the effective therapeutic range as well as the level of NaCl which would be considered to be safe in humans (See generally Drug Facts and Comparisons (54th Ed., 2000), pg. 116; Martindale (30th Ed., 1993), pg. 862; Specification, Pgs. 12, 13). As such, in light of the above, it appears that the claimed alleviation of HIV infection in a human infected with HIV by administration of NaCl, while appearing to have specific and substantial utility, lacks credible utility.

Claims 22-42 also rejected under 35 U.S.C. 112, first paragraph. Specifically, since the claimed invention is not supported by credible utility for the reasons set forth above, one skilled in the art clearly would not know how to use the claimed invention.

Art Unit: 1616

Claim 35 is rejected under 35 U.S.C. 112, first paragraph, because the specification, while being enabling for administration orally, sublingually, buccally and combinations thereof, does not reasonably provide enablement for transdermal administration. The specification does not enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and/or use the invention commensurate in scope with said claim.

Transdermal administration is through the skin, however, the claimed method is administering to the upper gastro-intestinal tract which has no skin but mucous membranes. The specification does appear to show how a skilled artisan would administer sodium chloride in the upper GI tract transdermally when there is no skin in the upper GI tract. Further, it is uncertain how sufficient sodium chloride could be administered transdermally. See *Dermatology Times* (Nov. 1996), pp. S20 (no transdermal uptake of sodium chloride from salt baths). As such, it appears that one of ordinary skill in the art would be required to do undue experimentation in order to make and/or use the invention commensurate in scope with the claims.

Examiner had duly considered Applicant's arguments but deems them unpersuasive.

Examiner notes that the 35 USC 112, 1st paragraph rejection has been reinstated pursuant to MPEP 2107.01 [R-1](IV) as a claim which lacks credible utility necessarily is not enabled by the written disclosure. Contrary to Applicant's assertions, Examiner has not ignored the premise that there is no legal requirement for actual working examples or that the inventor set forth correctly, or even to know how or why the invention works. However, the patent applicant is not relieved of the requirement of teaching how to achieve the claimed result, even if the theory of operation is not correctly explained or even understood. In *Newman v. Quigg*, 11 USPQ2d

Art Unit: 1616

1340, 1345 (CAFC 1989), cited by *In re Cortright*, the Court held that because the method did not produce the claimed result, following the teachings of the specification, the claimed invention was unpatentable under 35 U.S.C. 101, for lack of utility, and 35 USC 112, first paragraph, for lack of enablement. Further, although there is no legal requirement for actual working examples, when a patent applicant chooses to forego exemplification and bases utility on broad terminology and general allegations, he runs the risk that unless one with ordinary skill in the art would accept the allegations as obviously valid and correct, the examiner may, properly, ask for evidence to substantiate them. See *Ex parte Sudilovsky*, 21 USPQ2d 1702, 1705 (BdPatApp&Int 1991). Furthermore, in *Atlas Powder Co. v. E.I. Du Pont De Nemours Co.*, the “prophetic” examples were based on actual experiments which were slightly modified in the patent to reflect what the inventor believed to be optimum. See *Id.* at pg. 414.

Arguments of counsel alone cannot take the place of evidence in the record once an examiner has advanced a reasonable basis for questioning the disclosure. See *In re Budnick*, 190 USPQ at 424; *In re Schulze*, 145 USPQ 716 (CCPA 1965); *In re Cole*, 140 USPQ 230 (CCPA 1964). For example, in a case where the record consisted substantially of arguments and opinions of applicant’s attorney, the court indicated that factual affidavits could have provided important evidence on the issue of enablement. See *In re Knowlton*, 183 USPQ at 37; *In re Wiseman*, 201 USPQ 658 (CCPA 1979).

The Merck brochure entitled “Livin’It” discloses the use of an organic drug CRIXIVAN® for the treatment of HIV. The Merck brochure does appear to show that administration of sodium chloride as claimed would be effective in alleviating HIV infection or otherwise show that sodium chloride would act to disrupt the smaller HIV virus cells. With

Art Unit: 1616

respect to the Hrinda et al. reference, again Examiner reiterates that Applicant has not shown that, in light of the disclosure of the Hrinda et al. reference showing that higher concentrations, which are above the therapeutic and lethal range disclosed by Applicant, of sodium chloride are necessary to cause partial disassembly of HIV, that HIV cells attached to CD4 T-cells in the human body would be disrupted by the claimed concentration of sodium chloride nor has Applicant shown that the concentration of sodium chloride would alleviate the HIV infection. Further, Applicant has not provided sufficient and credible evidence showing that the washing of HIV from TMAE FRACTOGEL® resin in a column with a sodium chloride solution correlates to alleviation of HIV infection. In any case, as Applicant has admitted, Applicant's theory of how the invention works is immaterial to the question of utility as Applicant is not claiming the theory of how Applicant's invention works. However, Applicant has not shown that the invention works.

Applicant's reliance on *In re Cortright* is misplaced. The Court held that the a disclosure that salves applied to the scalp penetrate the skin and reach the papilla or that chemicals affect hormones do not run counter to generally accepted scientific norms, thus a disclosure that the active agent, 8-hydroxy-quinoline sulfate, reached the papilla and offset lower levels of male hormones is not inherently suspect. In fact, *In re Cortright* supports the rejection in that, like the written disclosure in *In re Cortright*, the written disclosure in the present Application does not disclose that anyone observed the claimed result, i.e. alleviation of HIV, and the statements in the Specification do not reflect actual observations. *Id.* at pg. 1469.

In this case, the administration of sodium chloride to alleviate HIV infection is inherently suspect. Applicant argues that treating HIV infection was once considered an inherently

Art Unit: 1616

unbelievable undertaking, however, Applicant has provide no evidence of this assertion.

Further, the issue is not whether treatment of HIV or baldness is considered inherently unbelievable but whether administration of sodium chloride to alleviate HIV infection is inherently suspect. Also, Examiner has not based the rejection solely on whether HIV in the body behaves like HIV in phosphate buffered saline. As indicated above, the recognized treatment of HIV is based on inhibition of replication by targeting reverse transcriptase and/or HIV protease and that treatment of HIV typically involves the use of multiple drug regimens. Applicant has not provided sufficient and credible evidence that administration of sodium chloride will alleviate HIV infection. Applicant submits 38 recent research studies, however, none address the use of sodium chloride in alleviating HIV infection or the effects of sodium chloride on HIV. Also, the issue of utility and enablement must be determined as of the filing date of the application, November 22, 2000. See *In re Glass*, 181 USPQ 31 (CCPA 1974); *Curtis-Wright Corporation et al. v. Link Aviation, Inc.*, 124 USPQ 266, 285 (DC NNY 1959). As such, the submission of abstracts which were published after the filing date of the application cannot be used to support Applicant's argument for utility or enablement.

Applicant argues that the 38 references report a correlation between a decrease in the ability of HIV-infected persons to inhibit HIV and the presence in these HIV-infected persons of a deficiency of the various nutrients such as sulfur, phosphorus, zinc, manganese, iron, copper, chromium, iodine, magnesium, cobalt and selenium. It is uncertain how the references report a correlation between a decrease in the ability of HIV-infected persons to inhibit HIV and the presence of iodine deficiency when no reference appears to disclose iodine. It is uncertain how reference numbers 8,21,30,31 support this conclusion as the references provided contain a title

but no abstract and the title does not appear to disclose any such correlation. Further there are deficiencies with the other references:

1. (2002) Does not disclose a causal correlation between selenium deficiency and alleviation of HIV infection.
2. (2002) Kupta et al. does not disclose a causal correlation between selenium deficiency and alleviation of HIV infection. Kupta et al. indicates that in reports from developed countries, low plasma selenium levels were associated with increased mortality in HIV-infected individuals but that further tests would be required to determine whether the association was causal.
3. (2002) Eley et al. does not disclose a causal correlation between selenium and copper deficiency and alleviation of HIV infection or even that many HIV-infected children have zinc and copper deficiencies. The study was of 60 HIV-infected children from economically deprived settings and only 20% had zinc deficiency and 25% had copper deficiency.
4. (2001) Does not disclose a causal correlation between copper and zinc deficiency and alleviation of HIV infection and in fact discloses that plasma levels of copper were not significantly associated with mortality.
5. (2001) Does not disclose a causal correlation between selenium deficiency and alleviation of HIV infection.
6. (2001) Does not disclose a causal correlation between zinc deficiency and alleviation of HIV infection and in fact discloses that low dietary intake of zinc was common amongst both HIV uninfected and infected individuals and that zinc intakes were highest among participants in the intermediate but that the highest zinc intakes were amongst intermediate and late HIV infection stages.

7. (2000) Droege et al. does not disclose a causal correlation between sulfur deficiency and alleviation of HIV infection nor does it disclose that administration of sulfur will alleviate HIV infection. In fact, it is disclosed that N-acetyl-cysteine was administered and that the effect on viral load was not consistent and that impairment of immunological functions in HIV patients results at least partly from cysteine deficiency and as indicated in reference 25 below administration of N-acetyl-cysteine did not alter viral load.

9. (1999) Discloses that out of manganese, iron, copper, chromium, cobalt, selenium and zinc, only zinc exhibited a reverse transcriptase activity in vitro in a dose-response fashion. In any case, no claim requires the presence of zinc and the Specification does not appear to disclose that zinc will alleviate the HIV infection or show that the amounts of zinc disclosed will alleviate HIV infection and references 32 and 35 disclose a correlation between zinc supplementation and poorer survival of HIV infected patients and progression to AIDS, respectfully.

10. (2001) Does not disclose a causal correlation between selenium and alleviation of HIV infection and in fact does not describe actual observations but a proposed study.

11. (2001) Does not disclose a causal correlation between zinc and alleviation of HIV infection and in fact does not describe actual observations but a proposed study. In any case, no claim requires the presence of zinc and the Specification does not appear to disclose that zinc will alleviate the HIV infection or show that the amounts of zinc disclosed will alleviate HIV infection and references 32 and 35 disclose a correlation between zinc supplementation and poorer survival of HIV infected patients and progression to AIDS, respectfully.

12. (2001) Does not disclose a causal correlation between selenium deficiency and alleviation of HIV infection and in fact does not describe actual observations but a proposed study.

13. (2001) Shor-Posner – Applicant argues that this reference shows administration of HIV –infected persons alleviated the HIV infection – actually, the abstract indicates that recent reports indicate that selenium is predictive of HIV-1 related prognosis and may have an important role in preventing HIV-1 replication but it does not disclose a causal correlation between selenium deficiency and alleviation of HIV infection and in fact is a proposal for a study to determine whether selenium could reduce viral load to slow HIV-1 disease progression in male and female drug users. In any case, no claim requires the presence of selenium and the Specification does not appear to disclose that selenium will alleviate the HIV infection or show that the amounts of selenium disclosed will alleviate HIV infection and as indicated below in reference 25 administration of sodium selenite did not alter viral load and in reference 9 above selenium does not decrease reverse transcriptase in a dose-response fashion.

14. (2002) Does not disclose a causal correlation between magnesium and zinc deficiency and alleviation of HIV infection and in fact discloses that increased intake, by itself, does not improve the health status of HIV infected patients.

15. (2002) Does not disclose a causal correlation between iron and zinc deficiency and alleviation of HIV infection and in fact discloses that median values for intake were adequate and that macronutrient but not micronutrient intake was statistically and inversely associated with decreasing CD4 cell counts.

16. (2002) Does not disclose a causal correlation between zinc and alleviation of HIV infection.

17. (2001) Does not disclose a causal correlation between zinc and alleviation of HIV infection.

18. (2001) Does not disclose a causal correlation between zinc and alleviation of HIV infection.

19. (2002) Discloses that statistically significant univariate associations were found between CD4(+) count and hematocrit, plasma magnesium concentration, and plasma zinc concentration and that independent variables that were significant joint predictors of CD4 (+) cell count in multiple regression analysis were hematocrit and plasma free choline and zinc concentration. It is concluded that compromised nutritional and antioxidant status begin early in the course of HIV-1 infection and may contribute to disease progression. However, the reference does not disclose a causal correlation between zinc, copper and magnesium deficiency and alleviation of HIV infection and the reference associates increased plasma levels of copper with late stage HIV infection. In any case, no claim requires the presence of zinc, copper or magnesium, the Specification does not appear to disclose that the same will alleviate the HIV infection or show that the amounts of the same disclosed will alleviate HIV infection and as indicated in references 32 and 34 zinc supplementation was associated with poorer survival of HIV infected patients and progression to AIDS, respectively.

20. (2000) Droege et al. does not disclose a causal correlation between sulfur deficiency and alleviation of HIV infection nor does it disclose that administration of sulfur will alleviate HIV infection. In fact, it is disclosed that N-acetyl-cysteine was administered and that the effect

on viral load was not consistent and that impairment of immunological functions in HIV patients results at least partly from cysteine deficiency.

22. (2000) Does not disclose a causal correlation between supplementation of zinc or iron and alleviation of HIV infection.

23. (1999) Does not disclose a causal correlation between zinc deficiency and alleviation of HIV infection. In any case, no claim requires the presence of zinc and the Specification does not appear to disclose that zinc will alleviate the HIV infection or show that the amounts of zinc disclosed will alleviate HIV infection and references 32 and 35 disclose a causal correlation between zinc supplementation and poorer survival of HIV infected patients and progression to AIDS, respectfully.

24. (1999) Does not disclose a causal correlation between any of the claimed nutrients and alleviation of HIV infection and in fact does not mention the claimed nutrients at all.

25. (1998) Does not disclose a causal correlation between sulfur or selenium deficiency and alleviation of HIV infection and in fact discloses that administration of N-acetylcysteine and sodium selenite did not affect viral load.

26. (1998) Does not disclose a causal correlation between selenium deficiency and alleviation of HIV infection. In any case, no claim requires the presence of selenium and the Specification does not appear to disclose that selenium will alleviate the HIV infection or show that the amounts of selenium disclosed will alleviate HIV infection and as indicated above in reference 25 administration of sodium selenite did not alter viral load and in reference 9 above selenium does not decrease reverse transcriptase in a dose-response fashion.

27. (1997) Does not disclose a causal correlation between zinc or selenium deficiency and alleviation of HIV infection and in fact discloses that there was no statistically significant difference in zinc or selenium levels amongst HIV infected and uninfected children.

28. (1997) Does not disclose a causal correlation between magnesium and alleviation of HIV infection.

29. (1997) Does not disclose a causal correlation between serum selenium levels and alleviation of HIV infection. In any case, no claim requires the presence of selenium and the Specification does not appear to disclose that selenium will alleviate the HIV infection or show that the amounts of selenium disclosed will alleviate HIV infection and as indicated above in reference 25 administration of sodium selenite did not alter viral load and in reference 9 above selenium does not decrease reverse transcriptase in a dose-response fashion.

32. (1996) Does not disclose a causal correlation between zinc deficiency and alleviation of HIV infection and in fact discloses that any intake of zinc supplements was associated with poorer survival of HIV infected patients.

33. (1994) Does not disclose a causal correlation between chromium or phosphorus deficiency and alleviation of HIV infection.

34. (1996) Does not disclose a causal correlation between zinc deficiency and alleviation of HIV infection and in fact discloses that intake of zinc supplements was associated progression to AIDS.

35. (1993) Discloses that HIV protease is inhibited in vitro by zinc ions at neutral pH but does not disclose a causal correlation between zinc deficiency and alleviation of HIV infection.

36. (1993) Does not disclose a causal correlation between selenium deficiency and alleviation of HIV infection and in fact discloses that seroconvertors and noseroconvertors did not differ in preseroconversion levels of selenium.

37. (1990) Does not disclose a causal correlation between zinc deficiency and alleviation of HIV infection.

38. (1991) Does not disclose a causal correlation between dietary copper or zinc and alleviation of HIV infection and in fact discloses that neither dietary copper or zinc were associated with HIV-1 seropositivity or progression to AIDS.

In summary, Applicant has not shown with the submission of these 38 references that at the time of filing the present Application, that the claimed invention was enabled or had credible utility. The references fail to support the conclusion that one of ordinary skill in the art would conclude that the claims 22-42 had credible utility as none of the references disclose the use of sodium chloride to inhibit HIV or alleviate HIV infection. Applicant now attempts to argue that claim 28 has separate credible utility because of the presence of sodium chloride, potassium and up to 20% sulfur, phosphorus, zinc, manganese, iron, copper, chromium, iodine, magnesium, cobalt or selenium. However, Applicant admits that sodium chloride and potassium are not addressed by the 38 references. Further, none of the 38 references show that supplementation of the one or more of sulfur, phosphorus, zinc, manganese, iron, copper, chromium, iodine, magnesium, cobalt or selenium will alleviate HIV infection, i.e. that the blood will consistently test negative for the presence of HIV infection. Further, Applicant has not disclosed that sulfur, phosphorus, zinc, manganese, iron, copper, chromium, iodine, magnesium, cobalt and/or selenium are added for the purpose of alleviating HIV infection and has not shown that the

Art Unit: 1616

amounts disclosed would alleviate HIV infection. As such, one of ordinary skill in the art would be required to do undue experimentation in order use the claimed invention in that one of ordinary skill in the art would be required to determine whether and in what amounts supplementation of one or more of sulfur, phosphorus, zinc, manganese, iron, copper, chromium, iodine, magnesium, cobalt or selenium in conjunction with sodium chloride and potassium would be effective in alleviating HIV infection.

With respect to the 112 rejection of claim 35, first paragraph for enabling transdermal administration. Examiner has duly considered Applicant's arguments but deems them unpersuasive for the reasons of record and the further reasons below. In the first instance, transdermal administration is through the skin and the skin presents a effective barrier against absorption of sodium chloride. Applicant's reference US 5,016,652 does not appear to overcome the rejection as US 5,016,652 does not disclose the transdermal administration of sodium chloride in the amounts required by Applicant claimed invention or how a transdermal patch could be prepared to administer the same.

Conclusion


A facsimile center has been established in Technology Center 1600. The hours of operation are Monday through Friday, 8:45 AM to 4:45 PM. The telecopier numbers for accessing the facsimile machines are (703) 308-4556 or (703) 305-3592.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Frank Choi whose telephone number is (703) 308-0067. Examiner maintains a flexible schedule. However, Examiner may generally be reached Monday-Friday, 8:00 am – 5:30 pm (EST), except the first Friday of the each biweek which is Examiner's normally scheduled day off.

If attempts to reach the Examiner by telephone are unsuccessful, the Examiner's Supervisor, Mr. José Dees, can be reached on (703) 308-4628. Additionally, Technology Center 1600's Receptionist and Customer Service can be reached at (703) 308-1235 and (703) 308-0198, respectively.

FIC

June 16, 2003



JOHN PAK
PRIMARY EXAMINER
GROUP 1600